

**United States District Court**  
for  
**Middle District of Tennessee**

**Report on Offender Under Supervision**

Name of Offender: Juan Lahera

Case Number: 3:10-00114-01

Name of Judicial Officer: The Honorable Gerald E. Rosen, Chief U. S. District Judge, Eastern District of Michigan, transferred April 30, 2010, to The Honorable Todd J. Campbell, U. S. District Judge

Date of Original Sentence: September 4, 1996

Original Offense: Ct. 1: 21 U.S.C. § 846, Conspiracy to Possess with Intent to Distribute Cocaine;  
Ct. 3: 21 U.S.C. § 841(a)(1), Distribution of Cocaine; Ct. 4: 21 U.S.C. § 841(a)(1), Possession with Intent  
to Distribute Cocaine

Original Sentence: 188 months' custody; 5 years' supervised release

Type of Supervision: Supervised Release

Date Supervision Commenced: March 22, 2010

Assistant U.S. Attorney: to be determined

Defense Attorney: to be determined

**THE COURT ORDERS:**

- ☐ No Action  
☐ Submit a Petition for Summons  
☐ Continue on Supervised Release  
☒ Approve Termination

Considered this 3 day of JAN, 2013,  
and made a part of the records in the above case.

Todd Campbell

U. S. District Judge  
Todd J. Campbell

I declare under penalty of perjury that the foregoing is true and correct. Respectfully submitted,

[Signature]

U.S. Probation Officer  
Jon R. Hahn

Place Columbia, Tennessee

Date December 28, 2012

**ALLEGED VIOLATIONS**

The probation officer believes that the offender has violated the following condition(s) of supervision:

Violation No.   Nature of Noncompliance

1.                      None

**Compliance with Supervision Conditions and Prior Interventions:**

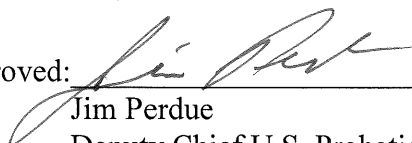
On March 1, 2010, Juan Lahera began his term of supervised release was scheduled to expire on February 28, 2015. On December 7, 2012, Mr. Lahera succumbed to lung cancer. A copy of his death certificate is attached.

**U.S. Probation Officer Recommendation:**

Given the circumstances, it is recommended that his term of supervised release be terminated. The U.S. Attorney's Office has no objection to termination.

Should the Court agree to the early termination, the Report Terminating Supervised Release (Prob. 35) is attached to complete this process.

Approved: \_\_\_\_\_

  
Jim Perdue  
Deputy Chief U.S. Probation Officer



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>Juan Lahera, Sr</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 7, 2012</b>	
	4. TIME OF DEATH (Approx.) <b>10:00 pm</b>		5a. AGE-Last Birthday (Years) <b>66</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month, Day, Year) <b>1946</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Cuba</b>
TYPE/PRINT IN PERMANENT BLACK INK	8a. PLACE OF DEATH (Check only one)							
	IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____			
NAME OF DECEDENT (For use by Physician or Institution)	8b. FACILITY NAME (If not institution, give street and number) <b>Hohenwald</b>				8c. CITY OR TOWN <b>Hohenwald</b>		8d. COUNTY OF DEATH <b>Lewis</b>	
	9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>Dawn Marie Nash</b>		11a. DECEDENT'S USUAL OCCUPATION <b>Composer/Lyricist</b>		11b. KIND OF BUSINESS/INDUSTRY <b>Self Employed, Music</b>	
	12. SOCIAL SECURITY NUMBER <b>9174</b>		13a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>Tennessee</b>		13b. COUNTY <b>Lewis</b>		13c. CITY OR TOWN <b>Hohenwald</b>	
	13d. STREET AND NUMBER <b></b>		13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38462</b>		14. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input checked="" type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown		17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
PARENTS	18. FATHER'S NAME (First, Middle, Last) <b>Eugene Lahera</b>				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Delores Dlog</b>			
	20a. INFORMANT'S NAME <b>Garrey Thomas Nash</b>		20b. RELATIONSHIP TO DECEDENT <b>Father-in-Law</b>		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>Hohenwald, TN 38462</b>			
DISPOSITION	21a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Heritage Funeral Home &amp; Crematory</b>		21c. LOCATION - City or Town and State <b>Columbia, Tennessee</b>			
	22a. SIGNATURE OF FUNERAL DIRECTOR <b>Bobby Reed</b>		22b. LICENSE NUMBER <b>6432</b>		22c. SIGNATURE OF EMBALMER <b>not embalmed</b>		22d. LICENSE NUMBER	
REGISTRAR	23a. NAME AND ADDRESS OF FUNERAL HOME <b>Heritage Funeral Home &amp; Cremation Services, 609 Bear Creek, Columbia, TN 38401</b>				23b. LICENSE NUMBER OF FUNERAL HOME <b>1190</b>			
	24. REGISTRAR'S SIGNATURE <b>Harold Scott, DR</b>				25. DATE FILED (Month, Day, Year) <b>December 11th, 2012</b>			
CERTIFIER	26. CERTIFIER (Check only one): 26a. <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.							
	27a. SIGNATURE OF CERTIFIER <b>Ben Gardner</b>				27b. LICENSE NUMBER <b>17712</b>		27c. DATE SIGNED (Month, Day, Year) <b>12/10/2012</b>	
MEDICAL CERTIFICATION	28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Lung Cancer</b> Due to (or as a consequence of) b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate interval: Onset to death	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
	33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)				34e. LOCATION OF INJURY (Street and Number, City or Town, State)		